DOCUMENT RESUME

ED 211 898 CG 015 691

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TITLE Nurturing and Individuation in Female/Female Therapy Relationships.
PUB DATE Aug 81
NOTE 14p.; Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counselor Client Relationship; Counselor Role; *Females; Feminism; Individual Development; *Parent Child Relationship; Psychiatry; *Psychotherapy; Self Concept; State of the Art Reviews; *Therapists
IDENTIFIERS *Individuation; *Nurturance

ABSTRACT

As therapy relationships between female therapists and female clients become more prevalent, there is a need to address the attributes of these relationships. Psychoanalytic object relations theory and feminist theory can be used to arrive at a meaningful context for viewing the dimension of intimacy. Psychoanalytic literature on the mother/infant relationship and the therapist/client relationship suggests that issues around nurturing and individuation are integral to both intimate relating and psychotherapy. A review of feminist writings reveals particular ramifications of female/female intimacy, which has its roots in the early mother/daughter relationship. The dominant themes of nurturing and individuation in the mother/daughter relationship and in the development of the female identity can be expected to be reflected in therapy relationships between women. Therapeutic benefits can accrue when the therapy produces an overt recognition of this relational struggle between binding and bonding. A tension may exist between a female therapist and her female client which pivots around the actualization of nurturing and individuation in their relationship. An integration of psychoanalytic and feminist perspectives can help to illuminate some of the challenges women may face as they establish intimacies with each other in psychotherapy. (Author/NRB)

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NURTURING AND INDIVIDUATION IN FEMALE/FEMALE THERAPY RELATIONSHIPS

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CG 015691

Paper presented at the Annual Convention of the American Psychological Association, Los Angeles, CA, August 24-26, 1981.

Nurturing and Individuation in Female/Female Therapy Relationships*

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Therapy relationships between female therapists and female clients are becoming more prevalent as the number of female therapists increases along with the number of female clients who are consciously selecting women to be their therapists. There is a growing need for psychological research and theory to address the unique attributes of these relationships, as well as for clinicians to become more keenly aware of the strengths, weaknesses, conflicts and compatibilities that female/female therapy relationships offer participants in their pursuit of therapeutic aims. A model is needed for understanding the unique advantages and disadvantages that female/female therapy pairs face in their attempts to establish "positive" relating which is therapeutically beneficial.

In this paper I will utilize psychoanalytic object relations theory and feminist theory to arrive at a meaningful context for viewing one dimension of female/female therapy relationships; the dimension of intimacy, since intimacy is considered important to psychotherapy as well as historically, sociologically, and psychologically significant to women.

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*Paper presented at the American Psychological Association Convention, Los Angeles, CA, August, 1981.

First I will turn to the psychoanalytic literature on the "mother"/ infant relationship and the therapist/client relationship to establish that issues around nurturing and individuation are integral to both intimate relating and psychotherapy. Next, I will briefly consider some feminist writings to explore the particular ramifications of female/female intimacy, which has its roots in the early mother/daughter relationship. I will then point to the salience of issues around nurturing and individualtion for female/female therapy relationships, and speculate about the potential impact that these issues might have in determining the overall quality of therapeutic intimacy. Finally, I will present some hypothetical examples of clinical scenarios to illustrate what might transpire around issues of nurturing and individuation in female/female therapy relationships.

Throughout the object relations literature on "pre-oedipal" "mother"/infant relationships, emphasis is placed on the quality of intimacy established between mother and infant as a powerful determinant of the child's psychological development (L. Kaplan, 1978; Mahler, 1972; Fairbairn, 1976). In a somewhat parallel fashion the object relations literature on therapist/client relationships emphasizes the quality of intimacy established between therapist and client as a powerful determinant of the client's psychological developments (Searles, 1973; Balint, 1968; Winnicott, 1969), and thus upon potential therapeutic gains. The nature of the intimacy established between a primary caretaker and an infant, as well as between a therapist and a client, can be seen to involve the handling, within that relationship, of complex interrelated issues around nurturing and individuation. For example, Winnicott points out that the psychoanalyst, like the "good-enough mother" of an infant, needs to provide a "holding environment" (Winnicott, 1960a, 1960 b;

Modell, 1976) for the patient where the analyst offers both an optimal degree of stability (or constancy) and responsiveness to the spontaneous growth potentials of the patient. Such an adequate management of care-taking can be viewed as constituted by the analyst assuming a nurturing stance in which the individuating capabilities of the patient are encouraged; in effect this forms the basis for a secure intimate relation between analyst and patient where the relationship bond is enhanced rather than threatened by the natural unfolding of the patient's development.

In brief, early normal object relating helps to promote rather than to retard an infant's progressive development towards individuation. Within the nutritive environment of an overall positive early dyadic intimacy a child can grow from a basic undifferentiated "oneness" with its caretaker to a more "individuated" state of selfhood (L. Kaplan, 1978).

In order for a caretaker, mother, or therapist to adequately nurture another and promote their individuation, they themselves need to be individuated within the relationship. If, for example, a therapist is repeatedly unable to differentiate her own needs from her client's, her lack of appropriate responsiveness to her client's genuine communication of needs can serve to disconfirm that client's individuality by failing to recognize it. The therapist needs to be able to relate to the client in an individuated fashion in order to provide therapeutic nurturing and to encourage the client's growthful experience of "separateness".

In the face of emotional intensity and relationship closeness this is by no means an easy task. As therapists, we frequently walk a fine line between constrictive identification and expansive empathy with our clients. Greenson (1960) makes a distinction between the "permanent" nature of "identification" and the "transitory" nature of "empathy". He posits that a moderate attainment of individuation is essential as a precondition for the development of empathic abilities. It follows that a therapist's over-identification with a client can obstruct empathic processes.

I propose that a combination of cultural and psychological factors predispose female therapists towards meeting difficult challenges to their individuation in their work with female clients. Also, long-standing female identification processes, rooted in the early mother/daughter relationship, produce a situation wherein both female therapists and their female clients will most likely struggle with intense issues around identification and nurturnace. These factors suggest that both participants in a female/female therapy relationship may be prone to experience, in exaggerated form, a common developmental tension between strivings toward nurturance and strivings toward individuation.

I will return to a discussion of how these tendencies might be actualized in psychotherapy after I outline some fundamental aspects of mother/daughter intimacies and female socialization processes.

The psychological and social conditions of women growing up in our culture pre-dispose them towards emphasizing and investing in the

affective/relational domain of their lives (Chodorow, 1978; Miller, 1976). In their early identifications with their mothers, who have been socialized to embody the role of nurturer, little girls are pushed towards developing nurturing capacities and assuming nurturing roles more than little boys (Chodorow, 1971; Bardwick & Douvan, 1971; Caplan, 1981), and are thus psychologically influenced to make the affective relational sphere of their lives focal (Miller, 1976). In fact, females are encouraged to nurture others while simultaneously discouraged from attending to their own needs and desires, and thus to their individuating potentials. Our social institutions serve to reinforce these early psychological trends and to actualize them on a sociological level.

Since women, as opposed to men, have almost exclusively been the rearers of children in our society, both boys and girls tend to initially "identify" with their mothers. Several feminists, such as Chodorow (1978, 1980) and Dinnerstein (1977), have pointed out however, that daughters, in contrast to sons, experience more intense and lasting identification issues in their relationships with their mothers. While this situation encourages little girls to develop sensitivities and emotional acuities in their relational bonds with their mothers, it also poses psychological difficulties around the role of "separation" in the mother/daughter relationship.

"Good-enough mothering", which can be viewed as involving a nurturing stance where individuating capacities are allowed and encouraged, is undermined by the social, psychological and historical conditions of our culture. Female individuation is often pitted against female

nurturing of others, and thus "good-enough mothering" is particularly difficult to achieve in mother/daughter relationships, where pressures towards compliance to cultural prescriptions of female identity echo back and forth between mother and daughter.

For example, women who lack a sense of entitlement to their own individuation (Rich, 1977) and acquire a tendency towards making strong investments in their relationships with others (Bardwick & Douvan, 1971), come to assume the preponderance of nurturant roles in familial and social settings. This can oftentimes lead to a self-perpetuating situation in which women who have felt inadequately nurtured become responsible for nurturing their daughters with whom they repeat a pattern of inadequate nurturing (Rich, 1977; Caplan, 1981). Frequently mothers who have received inadequate nurturance themselves turn to their daughters for the fulfillment of their unmet needs. In such cases a reversal of the parental role often ensues, with the daughter attempting to meet the needs of her mother only to find that her own needs go unrecognized and unmet.

At a systemic level, the mother/daughter relationship can function to segregate nurturing from individuation, rather than to resolve their natural relational tension in an integrative way.

Mothers and daughters have a tremendous potential to experience closeness and intimate bonding, but when developmental threats of separation enter with full force into the relationship, intimate "bonding" can be transmuted into enmeshed "binding" (Rich, 1977; Daley, 1978). The following four factors can potentially contribute to the binding of mothers and daughters: 1 - a reaction to separation anxieties

stemming from over-identification between mothers and daughters, 2 - the cultural prominence of self-sacrificial nurturant expectations for both mothers and daughters, 3 - the social psychological polarization of female individuation and female nurturance, and 4 - daughters' inevitable identifications with mothers who are incompletely individuated as well as inadequately nurtured, leading to daughters' identities being damaged and bound insofar as they have internalized their mothers as victimized and deprived objects (Rich, 1977).

Thus, women's earliest, and probably most significant model for female/female intimacy is fraught with frustrations and dilemmas. The female/female therapy relationship can carry a high emotional charge for both participants since it can become readily available to a recapitulation of early relational issues. The dominant themes of nurturing and individuation in the mother/daughter relationship, and in the more general development of female identity, can be expected to be reflected in one form or another in therapy relationships between women. Therapeutic benefits can accrue when the therapy work produces an overt recognition of the relational struggle between binding and bonding, opening the way to a client's increasing ability to substitute the mature caring of her therapist for the more primitive enmeshment characteristic of her early dynamics with her mother. This would allow therapist and client to utilize the therapy relationship to integrate, rather than juxtapose, inclinations towards nurturing and individuation.

On the other hand, the persistent over-identification of a female therapist with her female client, whether this be conscious or not,

can disrupt empathic processes necessary for therapeutic work. At an extreme, quite negative relating can ensue yet elude clarification, such as repeated role reversals, upsetting intrusiveness, continuous breaks in therapeutic boundaries, a lack of appropriate nurturing, an undermining of client and therapist autonomy, and finally, yes quite finally, premature termination.

The female therapist and female client play different roles in the therapy; yet a mutual therapeutic benefit can be derived when either a therapist or a client manages to transform a repetitive dilemma of female/female intimacy into a vehicle for self and other exploration, and increased compassion and self-respect.

For example, take the perspective of a female therapist who finds herself able to appropriately nurture her female client while not compromising her own abilities to assume an individuated position in the therapy relationship. Escaping the pitfalls of over-identification would most likely increase the therapist's ability to empathize with her client as well as to be a "good-enough therapist". Clearly this would provide the client with an optimal environment in which to gain the care she needs as well as to assert her own individuality. It would also be beneficial and reinforcing for the therapist to experience herself as individuated within a female/female intimacy; to be nurturing in a non-oppressed way.

Now take the perspective of a female client who finds that her genuine nurturing of, and care for her female therapist, leads neither to an oppressive parentification which precludes the meeting of her

own needs for nurturance, nor to a trade-off of her aggressive strivings toward individuation. She would conceivably be able to experience a new personal integration, feelings of self-efficacy, and increased self-worth. The therapist, too, could benefit in this situation. Since the positive relating of her client is not a mere response to her own neediness and dependence, as might often have been the case when she was responded to with nurturance by her mother, the female therapist can experience a more positive regard for her own interest in nurturing others, including her clients.

Female/female therapy relationships also have the potential to lead therapist and client through a painfully familiar maze of raw emotions in which each in turn feels bantered, stifled, deprived, damaged, and damaging. The therapist might resent the client for demanding and depleting her emotional energy and for failing to appreciate the sacrifices she made for what she believed was the client's well-being. The client might become enraged at what she feels to be the therapist's seduction and rejection of her, or alternatively, she may act-out against the therapy relationship since it threatens to engulf and destroy her uniqueness. Becoming "dead-locked" in experiences of this sort will leave therapists and clients feeling compromised and cheated rather than enriched and treated, in the dual sense of the word "treat" as both gift and remedy.

These clinical scenarios are merely hypothetical, and thus are over-simplified. It is likely that a complex mixture of therapeutic and non-therapeutic relating will occur at any given point in time. In many instances a potentially creative tension may exist between a

female therapist and her female client which pivots around how nurturance and individuation will come to be actualized in their relationship. An integration of psychoanalytic and feminist perspectives has helped to illuminate some of the challenges that women may face as they establish intimacies with each other in psychotherapy. I hope that a conscious examination of this area will enhance our efforts, as therapists, to constructively confront ourselves and our clients.

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